FEC FORM 9

RECEIVED

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

2012 OCT 24 AM 8: 42

	FEC MAIL CENTER
1. Person Making the Disbursements/Obligations	LEG LIMIT OF WITH
(a) Name	
Set it 5traight (b) Address (number and street) Theck if different than previously reported	
	2. FEC Identification Number
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	C 30001861
ColorAdo Springs LD 80919 (d) Name of Employer or Pfincipal Place of Business (e	ander of Ordinary and American Property and Control of State of Control of State of Control of State o
(d) Name of Employer or Pfincipal Place of Business (e) Occupation
Patrick Davis Consulting	Consulting
New	10122012
3. Is This Statement or 4. Covering Period	through
5. Is this Statement Or	FALLE V SOURT V LALLAND
Amended	10 23 2012
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5. (a) Date of Public Distribution(s) ノク ノ2 20ノス (b) Comm	unication Title & TV+ ETT
6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c)	Qualified Nonprofit Corporation (11 CER 114 10)
(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making	ng communications under 11 CFR 114.15
/a\? - 3 Other and if u	
(e) jaran ja	
If the filer is an individual, unincorporated organization or qualified n were the disbursements made exclusively from donations to a segre	gated bank account?
8. Custodian of Records	
(a) Ŋame	
$\boldsymbol{\rho}$	
(b) Address (number and street)	И
(
5/60 Hest thateone 21 (c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business (e	19
(d) Name of Employer or Principal Place of Business (e	e) Occupation
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PATRICK DAVIS Consultin.	y Consulting
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9. Total Donations This Statement	DDD
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0. Total Disbursements/Obligations This Statement	
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Under penalty of perjury, I certify that this statement is true, correct and complete.	<i>A</i> . •
TYPE OR PRINT NAME OF PERSON COMPLETING FORM	UAVIS
	DATE 10-12
The state of the s	
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List of Person(s) Sharing/Exercising Control (use additional pages as necessary)

PAGE	OF	
2		4

- I	(a) Name Patrick Savis (b) Address (number and street) 5160 Habths House (c) City, State and ZIP Code	
-	(c) City, State and ZIP Code	
-	(1) Oly, State and 21 F 0000	
В.	(d) Name of Employer or Principal Place of Business	SD9/9 (e) Occupation
В.	(c) City, State and ZIP Code (d) Name of Employer or Principal Place of Business Patrick Davis Consulting (a) Name	Consulting
_	(a) Name Chrisdine Dilinn Burtt	
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7		(e) Occupation
	CQB+A==xistes	Consulting
C. ((a) Name	0
((b) Address (number and street)	
((c) City, State and ZIP Code	**************************************
7	(d) Name of Employer or Principal Place of Business	(e) Occupation
D. ((a) Name	
7	(b) Address (number and street)	
7	(c) City, State and ZIP Code	
((d) Name of Employer or Principal Place of Business	(e) Occupation
E. ((a) Name	
((b) Address (number and street)	
((c) City, State and ZIP Code	
7	(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A Donation(s) Received

PAGE	3	OF	4/
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	A.	Full Name of Donor			Date of Receipt	
		Mailing Address of Donor		Amount		
		City	State	Zip	รู้ รับการเพิ่งและที่ การส์ที่ควาดที่ขายเมื่อเกาที่ที่มีนายแกกกกกกกกกกกกกกกกกกกกกกกกกกกกกกกกกกกก	
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	C.	Full Name of Donor		Date of Receipt		
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		City	State	Zip	and the supplicating grammer to a special set of second grammer to second grammer.	
	D.	Full Name of Donor		Date of Receipt		
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SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE	4	OF	4
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A- Full Name (Last, First, Middle Initial) of Pa	yee	Date of Disbursement or Obligation
1	10 27 2014	
Mailing Address of Payee		Amount
5900 Fort Dr.	State Zip Code VA 2D/2/ Occupation Quity + Russich of communication(s))	American Section Section 1995 and American Section 1995 and Section 1995
City	State Zip Code	, 3,20600
Centrevile	V4 20121	Communication Date
Name of Employer	Occupation	10 12 2012
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Sorut Ett Name of Federal Candidate Of	fice Sought: House State:	Disbursement/Obligation For:
	State. 2	Primary General
Mike CoFFMAN Name of Federal Candidate Of	President District:	Other (specify)
Name of Federal Candidate Of	fice Sought: House State:	Disbursement/Obligation For:
}	Senate District:	Primary General
	President	Other (specify)
Name of Federal Candidate Of	fice Sought: House State:	Disbursement/Obligation For:
	Senate District:	Primary General
	President	Other (specify)
B. Full Name (Last, First, Middle Initial) of Pa	yee .	Date of Disbursement or Obligation {
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Name of Employer	Occupation	Communication Date
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Purpose of Disbursement (Including title(s)		
Name of Federal Candidate Of	ice Sought: House State:	Disbursement/Obligation For:
	Senate	Primary General
	President District: ———	Other (specify) >
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1	Senate District:	Primary General
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SUBTOTAL of Disbursements/Obligations Thi	s Page (optional)	
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** 10/19/2012 Postmarked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 10/24/2012 DATE PREPARED

(3/2005)